PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 5470 - 397

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			21		· · · · · · · · · · · · · · · · · · ·		Γ	RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA	ļ	BASIC FEE		OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			21 minus 20= * 1		_1			X\$ 9=		OR	X\$18=	18
INDEPENDENT CLAIMS			minus 3 = *				Ī	X43=		OR	. X86=	_
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT				f	+145=		OR	+290=	
* If	the difference	in column 1 is	less than ze	ess than zero, enter "0" in column 2			L	TOTAL		OR	TOTAL	788
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1)	(Column 2)			(Column 3)	_	SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT C	LAIM			+145=		OR	+290=	
•							Δ.	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		·= .	ı	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	l	X43=		OR	X86=	
9	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								•			· · · · · · · · · · · ·
								+145=		OR	+290=	
TOTAL OR TOTAL ADDIT. FEE											ADDIT. FEE	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOI	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	$-\Gamma$	X\$ 9=		OR	X\$18=	,
	Independent	*	Minus	***		=	T	X43=		OR	X86=	
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=				
* 1	* .tf the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
** 1	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE	
		nber Previously Paid					r found	d in the app	ropriate box	in col	umn 1.	